

## Supplemental Application Data Sheet

### Application Information

Application number::	<del>Not Yet Assigned</del>	<u>10/732,897</u>
Filing Date::	<del>Herewith</del>	<u>12/09/03</u>
Application Type::	Regular	
Subject Matter::	Utility	
Suggested classification::		
Suggested Group Art Unit::		
CD-ROM or CD-R??::		
Number of CD disks::		
Number of copies of CDs::		
Sequence Submission::		
Computer Readable Form (CRF)?::		
Number of copies of CRF::		
Title::	SUBSTITUTED PIPERAZINES	
Attorney Docket Number::	019934-003720US	
Request for Early Publication::	No	
Request for Non-Publication::	No	
Suggested Drawing Figure::		
Total Drawing Sheets::	26	
Small Entity?::	Yes	
Latin name::		
Variety denomination name::		
Petition included?::	No	
Petition Type::		
Licensed US Govt. Agency::		
Contract or Grant Numbers One::		
Secrecy Order in Parent Appl.::	No	

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Andrew  
Middle Name:: M.K.  
Family Name:: Pennell  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 148 Hancock Street  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94114

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: James  
Middle Name:: B.  
Family Name:: Aggen  
Name Suffix::  
City of Residence:: Burlingame  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1311 California Drive  
City of Mailing Address:: Burlingame  
State or Province of mailing address:: CA  
Country of mailing address:: US

Postal or Zip Code of mailing address:: 94010

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: J.J.  
Middle Name:: Kim  
Family Name:: Wright  
Name Suffix::  
City of Residence:: Redwood City  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 720 Bair Road, Apt. 107  
City of Mailing Address:: Redwood City  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94063

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Subhabrata  
Middle Name::  
Family Name:: Sen  
Name Suffix::  
City of Residence:: Sunnyvale  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 655 S. Fair Oaks Avenue, #P-204  
City of Mailing Address:: Sunnyvale  
State or Province of mailing address:: CA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94086

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Brian  
Middle Name:: E.  
Family Name:: McMaster  
Name Suffix::

City of Residence:: Mountain View  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 120 Walker Drive  
City of Mailing Address:: Mountain View  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94086 94043

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Daniel  
Middle Name:: Joseph  
Family Name:: Dairaghi  
Name Suffix::

City of Residence:: Palo Alto  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 178 El Dorado Avenue  
City of Mailing Address:: Palo Alto

State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94306

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Valeri  
Middle Name:: V.  
Family Name:: Martichonok  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 433 Font Boulevard  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94132

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Designation::	Representative Number::	Representative Name::
Primary	30,223	William M. Smith
Primary	37,369	William B. Kezer

#### **Domestic Priority Information**

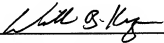
Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This Application is a CIP of: 10/460,752 06/11/03  
and claims benefit Provisional 60/453,711 06/12/02  
of: 10/460,752 An Appn claiming  
benefit under 35 USC  
119(e) of

**Assignee Information**

Assignee Name:: ChemoCentryx, Inc.  
Street of mailing address:: 1539 Industrial Road 850 Maude Avenue  
City of mailing address:: San Carlos Mountain View  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94070 94043

Submitted by:

Signature  Date 12.23.09  
Printed Name William B. Kezer Registration Number 37,369